

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000200265

Entity Name: SPG INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

4901 SW 56TH ST
OCALA, FL 34474

Current Mailing Address:

4901 SW 56TH ST
OCALA, FL 34474 US

FEI Number: 84-4353999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRIFFITH, SHAWN
4901 SW 56TH ST
OCALA, FL 34474 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title PRESIDENT
Name GRIFFITH, SHAWN P
Address 4901 SW 56TH ST
City-State-Zip: Ocala FL 34474

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAWN GRIFFITH

OWNER

05/23/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date